

[] Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. *See* Instruction 1(b).

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL OMB Number: 3235-0287 Estimated average burden hours per response... 0.5

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP OF SECURITIES

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person *				2.	2. Issuer Name and Ticker or Trading Symbol						ol	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)				
BLASZYK I	МІСНАН	EL D		N	ant]	Health,	Inc. []	NH]					,			
(Last) (First) (Middle)				3.	3. Date of Earliest Transaction (MM/DD/YYYY)							X Director10% Owner Officer (give title below) Other (specify below)				
							C 10	1202				Officer (giv	e title below)Ottn	er (specify b	elow)
C/O NANTHEALTH, INC., 3000 RDU CENTER DRIVE, SUITE 200						6/9/2022										
CENTERD	(Stre		U	4	If Aı	nendmen	t Date O	rioina	ıl Fil	ed (MM/D	D/VVVV)	6. Individual c	r Ioint/Gi	oun Filing	Check Appl	icable Line)
				7.	11 / 11	nenamen	i, Daic O	iigiiia	41 1 11	ca (MM/D	D/1111)	o. marviduar c	n John Gi	oup I IIIIg (Спеск Аррг	icabic Line)
MORRISVILLE, NC 27560											X_Form filed by One Reporting Person Form filed by More than One Reporting Person					
(0	City) (Sta	ate) (Zip	p)													
			Table I	- Non-De	rivat	tive Secui	rities Acc	quirec	d, Di	sposed o	of, or Ben	neficially Owne	d			
1.Title of Security (Instr. 3) 2. Trans. D			. Trans. Date			3. Trans. Co Instr. 8)	str. 8) or Dis		sposed of (D) Fo		Amount of Securities Beneficially Owned ollowing Reported Transaction(s) nstr. 3 and 4)			Ownership Form:	Beneficial Ownership	
							Code	v .	Amou	nt (A) or	r Price				(I) (Instr. 4)	
	Tak	ole II - Der	ivative S	Securities	Ben	eficially (Owned (a	<i>e.g.</i> , p	outs,	calls, wa	arrants, o	options, conver	tible secu	rities)		
1. Title of Derivate Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Trans. Date	3A. Deeme Execution Date, if any		5. Number Derivative Acquired Disposed (Instr. 3, 4		Securities A) or f (D)	6. Date Exercisable and Expiration Date		7. Title and Securities I Derivative (Instr. 3 and	Underlying Security	Derivative Security	9. Number of derivative Securities Beneficially Owned Following	Ownership Form of Derivative	11. Nature of Indirect Beneficial Ownership (Instr. 4)	
	Security			Code	V	(A)	(D)	Date Exercis		Expiration Date	Title	Amount or Number of Shares		Reported Transaction(s) (Instr. 4)	or Indirect	
Stock Option (right to buy)	\$0.5823	6/9/2022		A		100000		Ω).	6/9/2032	Common Stock	100000	\$0.00	100000	D	

Explanation of Responses:

(1) The shares subject to the option shall vest on the earlier of (i) the one year anniversary of the option grant date, or (ii) the day prior to the date of the Company's next annual meeting of the Company's stockholders, subject to the Reporting Person's continuing to be a Service Provider (as defined in the 2016 Equity Incentive Plan) through the vesting date.

Reporting Owners

Reporting Owner Name / Address	Relationships						
Reporting Owner Name / Address	Director	10% Owner	1	Other			
BLASZYK MICHAEL D C/O NANTHEALTH, INC. 3000 RDU CENTER DRIVE, SUITE 200 MORRISVILLE, NC 27560	X						

Signatures

/s/ Brandon Villery, as Attorney-in-Fact 6/10/2022

Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.